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Entered - 2-26-01 - sb  
CL01L0132 - ALEXIS HOLMES

01-R-1165

CLAIM OF: LINDA IYAHEN  
8050 Tara Boulevard  
Apartment #A6  
Jonesboro, Georgia 30236

For damages sustained as a result of vehicular damage due to a tree  
falling on her vehicle during a heavy rainstorm on February 16, 2001  
at 450 Fairburn Road, SW.

THIS ADVERSE REPORT IS APPROVED

BY: Rosalind Rubens Newell  
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0132

Date: 7/12/01

Claimant /Victim LINDA IYAHEN

BY: (Atty) \_\_\_\_\_

Address: 8050 Tara Boulevard Apartment #A6 Jonesboro, Georgia 30236

Subrogation: \_\_\_\_\_ Claim for Property damage \$ 7,000.00 Bodily Injury \$ \_\_\_\_\_

Date of Notice: 2/21/01 Method: Written, proper X Improper \_\_\_\_\_

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 2/16/01 Place: 450 Fairburn Road, SW

Department PRCA Division: Parks

Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: The claimant alleges that she sustained vehicular damage when a tree situated on City property fell onto her vehicle during a heavy rainstorm. The City had no notice that the tree was hazardous, and furthermore, the City is immune from liability as set forth in O.C.G.A. §36-33-1.

### INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Other \_\_\_\_\_ Written X Oral X

Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report \_\_\_\_\_ Other \_\_\_\_\_

Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

### BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial \_\_\_\_\_

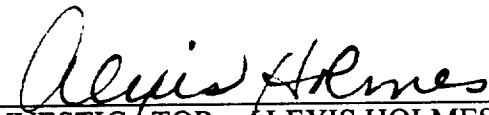
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other X Damages reasonable \_\_\_\_\_

City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_

Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_

Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - ALEXIS HOLMES

### RECOMMENDATION:

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_

Claims Manager:  Concur/date 07/17/01

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

RECEIVED FEB 21 2001

Holmes  
02/21/01  
DH

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 2/21/2001

ENTERED - 2-26-01 - SB  
01L0132 - ALEXIS HOLMES

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 7,000 property and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

1. Date of incident: 02/16/2001 2. Time of Incident: 6:45pm 3. Police called: ✓  
(month/day/ year) Yes No
4. Location of incident (including street address): 450 Fairburn Rd SW Atlanta GA.
5. Name of your insurance company: Southern General Insurance Comp. Policy No. AC10-1309243
6. State what and how incident occurred: On Friday the 16 of Feb. it  
rain's with a heavy storm. A Tree Fall on  
my Car. the tree from the City of Atlanta  
property. it cause damage to my Car.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).  
Your vehicle: Ford Taurus 1993 2714IG Linda Iyahan  
(Make) (Year) (Tag Number) (Driver's Name)  
City vehicle: Clayton  
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: Manegment of the Building  
(Name) (Address) (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

[Signature]  
Signature of Claimant

LINDA IYAHEN  
(Print Claimant's Name)  
8050 Tara Blvd Apt. #A6  
(Address)  
Jonesboro GA. 30236  
(City, State and Zip Code)

01-~~2~~-1165

770- 770-603-3285  
(Work Number) (Home Number)